



Waiver of Liability and Hold Harmless Agreement

I, the undersigned, hereby agree to the following Disclaimer and Release Form:

I authorize Michele Steele Costa to administer Biomagnetic Therapy which will assist my body in achieving homoeostasis and may improve my overall health. I understand that this is not a treatment or cure for any condition or disease.

I understand that I have not been given any guarantees or promises regarding the result of the therapy that I will be receiving.

I acknowledge that this is a non-allopathic medicine, and after each session I may experience any of the following: increased urination, fatigue, weakness, low-grade fever, headache, dizziness, diarrhea, muscular pain, equilibrium imbalance, sleepiness and others. I understand that it is possible for my symptoms to get worse before they get better.

Nothing said, done, printed or reproduced by Michele Steele Costa is intended to diagnose, prescribe, treat or take the place of a licensed physician or veterinarian.

In signing this document, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ AND UNDERSTAND THE FOREGOING WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT; no oral representations or statements, apart from the foregoing written agreement, have been made. I am at least eighteen (18) years of age (or represented by my guardian) and fully competent, and execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

Print Name

Date

Signature

Date

Guardian (If under 18 years of age.)

Date